



Disability Verification Form for the Encouraging Diversity, Growth, and Equity Program

In addition to completing your application for certification into Encouraging Diversity, Growth, and Equity (EDGE) program on [Ohio Business Gateway](#), the following form is required for each proprietor, for each limited partner who owns any interest, for each general partner, or for each stockholder owning any of the voting stock who is applying because of a mental or physical disability. Note that the form is not necessarily exhaustive; **you may be asked to submit additional documentation.**

You may submit all applicable documentation by email to dev-eod.bccu@development.ohio.gov.

Failure to submit required documentation may be cause to deny your application.

If you have questions, contact the Minority Business Development Division of the Ohio Department of Development at 614-466-8380.

I. This section to be completed by applicant:

Name:

Address:

City:

State:

ZIP:

Phone number:

Date of birth:

II. This section to be completed by licensed medical professional:

Does the individual listed in Section I of this document have a disabling condition as defined by the Americans with Disabilities Act of 1990, as described below?

The term "disability" means, with respect to an individual,

- a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- b) a record of such an impairment; or
- c) being regarded as having such an impairment.

Mark one:

Yes

No

If yes, mark one:

Physical

Mental

Is this disability permanent?

Yes

No

If no, please explain:

Briefly describe the relevant facts supporting this individual's disability designation:

I certify as a medical professional that the information contained in this form is true to the best of my knowledge.

Name:

Title:

Address:

City, State, ZIP:

Agency:

License Number:

Signature

Date